

Michigan Department of Community Health, Communicable Disease Division, HIV/STD/VH/TB Epidemiology Section



TB TidBits

Volume 2, Issue 4

Fall 2012

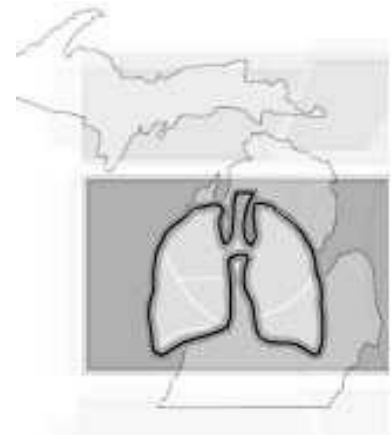
www.michigan.gov/tb

News

Upcoming webinar TB TECHNICAL INSTRUCTIONS FOR PANEL PHYSICIANS: IMPLICATIONS FOR US PRACTITIONERS on November 28 at 1 PM is intended for physicians and other health care providers who manage TB patients, as well as those who work in refugee and immigrant health. For more information and registration please visit: <http://www.umdni.edu/globaltb/courses/brochures/2012/medicalupdate-nov2012.html>.

Another upcoming webinar “Ask The Experts Webinar: Clinical Conundrums in LTBI Treatment.” will be broadcast live, via the internet on Tuesday, December 18, 2012 at 2-4 PM . The webinar will attempt to answer questions around the some of the more confusing issues related to LTBI treatment. A panel of experts will share with you their thinking and practices around questions such as: “Can I give credit for earlier doses if I need to switch LTBI regimens?” Or “In someone with known LTBI, are periodic screening CXRs needed?” For a complete course description and application information, please visit:

<http://www.currytbcenter.ucsf.edu/LTBI>.



Save the Date

MIACET, the Michigan Advisory Committee to Eliminate Tuberculosis, will meet on **November 29** at the Office of Public Health Preparedness in Lansing from **9 AM to 2 PM**. Agenda items include information about the new 12-dose LTBI treatment regimen, case studies with discussion of needs and best practices, and program evaluation. There will be a call-in option. Please contact the MDCH TB Unit if you would like to attend. 517-335-8165

Resources

- Did you miss the Tri-State TB Intensive that was held in Lansing at the beginning of October? The slides from all of the presentations can be found at: <http://www.michigan.gov/tb>
- CDC has released a brochure which clinicians can use when discussing the new 12-dose LTBI regimen. Please visit: <http://www.cdc.gov/tb/publications/pamphlets/12-doseregimen.htm>.
- The State of Virginia has also created a brochure about the 12-dose LTBI treatment. This may provide ideas for developing a brochure specific to your facility: http://www.vdh.state.va.us/Epidemiology/DiseasePrevention/Programs/Tuberculosis/documents/NEWLTBIversion_072612.pdf.
- Check out this article on the web and click on the granuloma cartoon for a cool view: <http://www.engin.umich.edu/newscenter/dme/TB/>.
- The new **Stop TB poster** is available from CDC : <http://www.cdc.gov/tb/publications/Posters/stoptb.htm>.
- CDC Surveillance on Reported Tuberculosis in the United States, 2011: <http://www.cdc.gov/tb/statistics/reports/2011/>

What's in this issue

- News
- Save the Date
- Resources
- EDN topic
- Definitions: MOTT/NTM
- Definition: M. tuberculosis complex

Definitions: What is the difference between MOTT/NTM and M. tuberculosis complex?

Nontuberculous mycobacteria (NTM) are mycobacteria other than *Mycobacterium tuberculosis* complex that can cause human infection or disease. Common **non-tuberculous** mycobacteria include *M. avium*, *M. chelonae*, *M. fortuitum* and *M. simiae*. Other terms that have been used to represent NTM are MOTT (mycobacteria other than TB) and “atypical” mycobacteria. If a case has been entered into MDSS and then is identified as NTM and *M. tuberculosis* has been ruled out:

Change the reportable condition to “Mycobacterium– Other”.

Change the Case Status to “Confirmed” and the Investigation Status to “Review”.

State staff will complete these cases.

Remember this is not a reportable condition— these cases most likely were entered into MDSS due to initial suspicion of TB or a preliminary electronic lab report.

Mycobacterium tuberculosis complex includes species closely related to tuberculosis: *M. bovis*, *M. africanum*, *M. microti*, *M. canetti*, *M. caprae* and *M. pinnipedii*. These generally behave like *M. tuberculosis* and therefore disease caused by these is reported as TB using the RVCT. The only exception is the **BCG strain** of *M. bovis*, which may be isolated from persons who have received the live BCG strain as a vaccine or as cancer immunotherapy (e.g. bladder cancer). What does this mean? If you receive a lab report that is positive for *M. tuberculosis* complex, report it as *M. tuberculosis* unless otherwise directed.

Information adapted from “Reported Tuberculosis in the United States 2011, Appendix A”-CDC.

EDN: The Importance of In-person Evaluation for Newly-Arrived Immigrants or Refugees

Overseas evaluation information included in the patient’s medical packets is a valuable starting point for evaluating newly-arrived immigrants or refugees. However, this information should not be the sole basis for domestic diagnosis and/or treatment decisions. It is important that newly-arrived immigrants or refugees be evaluated in-person by a physician, and the results of that evaluation should inform any diagnostic or treatment decisions. Since most immigrants or refugees come from countries in which the burden of TB is substantially higher than in the U.S., the index of suspicion for TB should be high. CDC guidelines for domestic evaluation of newly-arrived immigrants and refugees are available at: http://www.michigan.gov/documents/mdch/domestic-tuberculosis-refugee-health_386546_7.pdf.

- All immigrants/refugees should receive a TST or IGRA unless results are documented in the overseas information.
- A chest x-ray should be obtained for all immigrants/refugees with positive TST or IGRA results or a history of TB disease, including those with class A or B status from overseas evaluation.
- Sputum collection should be attempted for any immigrant/refugee with signs, symptoms or radiologic findings consistent with pulmonary TB. If extra-pulmonary TB disease is suspected, collection of a diagnostic specimen (tissue or fluid) from the site of disease should be attempted.

Jim Collins, MPH, RS

CD Division Director

collinsj12@michigan.gov

Karen MacMaster, MPA

HIV/STD/VH/TB Epi Section Manager

macmasterk@michigan.gov

Peter Davidson, PhD

TB Unit Manager

davidsonp@michigan.gov

Noreen Mollon, MS

TB Epidemiologist

mollonn@michigan.gov

Patty Raines, RN, MSN

TB Nurse Consultant

rainesp@michigan.gov

Katie Dotson, RN, BSN

TB Nursing Specialist

DotsonK1@Michigan.gov

TB TidBits

TB TidBits is a quarterly newsletter that will cover many aspects of TB control.

We want to hear from you!

- What would you like to know more about?
- Do you have strategies that you would like to share?
- Do you have announcements or job postings?
- Is your jurisdiction/area using IGRA's? If you are using IGRA, which do you use?

If you have something you would like to share that highlights your program, or a success story let us know.

**Michigan Department
of Community Health,
Communicable
Disease Division, HIV/
STD/VH/TB
Epidemiology Section**

201 Townsend St.
Capitol View Bldg, 5th floor
Lansing, MI 48913
Phone: 517-335-8165